

# ***Department for Medicaid Services***

## ***Update for December 2008***

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### ***Kentucky Children's Health Insurance Program (KCHIP) Expansion***

Governor Steve Beshear has outlined an ambitious plan to get as many children as possible enrolled in the Kentucky Children's Health Insurance Program (KCHIP) by 2010. Please view the Governor's Sept. 3, 2008 press release at <http://www.governor.ky.gov/pressrelease.htm?PostingGUID={BC9EA7B1-67B8-458B-87EC-5F5E602095FE}>.

The Beshear Plan intends to dramatically cut the number of children without health coverage by removing barriers to enrollment, retaining more children once they are enrolled and significantly increasing education and outreach regarding the program. The plan hopes to enroll over 35,000 children by FY2010. KCHIP provides health insurance to children whose family income is below 200 percent of the federal poverty level, about \$42,400 a year for a family of four. For more information about the Beshear Plan or KCHIP, visit the new Kids' Health Web site at <http://kidshealth.ky.gov/en/>.

### ***Acquired Brain Injury (ABI) Long Term Waiver***

The ABI Long Term Waiver is designed to provide long-term supports for individuals with brain injuries once they have worked through the intensive rehabilitation phase. The waiver was implemented in November. The Department for Medicaid Services (DMS) has notified providers, advocates and other state government programs that it is accepting applications for waiver services. Provider training was held at the end of October and additional training sessions will be scheduled as needed.

### ***Kentucky Transitions - Money Follows the Person (MFP) Grant***

Kentucky Transitions, implemented Oct. 1, , allows eligible individuals to transition from institutional settings back into the community. Those eligible for transition include elderly individuals and those with physical disabilities, individuals with mental retardation and developmental disabilities, and individuals with acquired brain injuries. Candidates currently must live in and must have lived in a nursing facility or ICF/MR for six consecutive months prior to transition. Eligibility also will be based upon the individuals' ability to live in the community with supports and services. The estimated cost of community services based on the pre-transition assessment may not exceed the state-identified average yearly cost of residing in a facility. An individual is eligible for transition if they are Medicaid eligible and have been receiving services through the Medicaid program in the institutional setting for at least one month prior to transition. At no point will the individual be bound to moving out of the facility. The program is strictly voluntary and the individual, at any time they choose, can decide to terminate the transition planning process.

To date, two successful transitions have been completed.

### ***Michelle P. Waiver***

The Michelle P. Waiver, implemented August 1, 2008, is designed for people with mental retardation or a developmental disability, who meet Intermediate Care Facility for individuals with mental retardation, or developmental disabilities (ICF/MR) or Nursing Facility level of care. Waiver slots are filled initially from the Supports for Community Living (SCL) waiting list, beginning with those in urgent status (including those who meet SCL urgent status criteria but are not on the SCL waiting list). After that, other eligible individuals may be served.

For more information on the Michelle P. Waiver program, visit the DMS Michelle P Waiver webpage at <http://chfs.ky.gov/dms/mpw.htm>.

### ***Peer Support Program***

DMS has submitted a request to the Centers for Medicare and Medicaid Services (CMS) to reimburse for peer support services at community mental health centers. The Peer Support Program will begin as a pilot program through Seven Counties Services and Western Kentucky Behavioral Health and will provide face-to-face interviews with consumers of mental health services in activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms under the direction of a Licensed Mental Health Professional. This program is a partnership of treatment between the mental health consumer, the peer support specialist, and the Community Mental Health Center (CMHC) treatment team.

### ***Self Directed Option (SDO)***

The response to the Request for Additional Information (RAI) to Self-Directed Options (SDO) State Plan Amendment was submitted to the Centers for Medicare and Medicaid Services (CMS) early in December. From the date of submittal, CMS has ninety (90) days to approve, deny or request further information from the Commonwealth and that 90-day clock expires the first week of March 2009.

The SDO SPA will serve as an alternative to service provisions for individuals with disabilities. The SDO SPA is currently designed as a pilot project which may serve up to 200 individuals in various parts of the state who are eligible for HCB, ABI, SCL and Michelle P. waiver programs. Through SDO, individuals will secure services through a personalized budget created from their service plan which shall be designed to meet their unique health needs. The demonstration is predicated on increasing health, safety and welfare by making effective use of committed long-term relationships and community connections to provide flexible, individually designed support services.

### ***Regulations Update***

The following regulations cleared the Administrative Regulation Review Subcommittee (ARRS) on November 12, 2008 and are scheduled to be referred to the Appropriations and Revenue Committee on December 3, 2008:

- 907 KAR 1:015 (Payments for Outpatient Hospital Services)
- 907 KAR 1:825 [Diagnosis-Related Group (DRG) Inpatient Hospital Reimbursement]
- 907 KAR 3:205 (Hemophilia Treatment Reimbursement and Coverage Via the 340B Drug Pricing Program)

The following administrative regulations were filed with the Legislative Research Commission (LRC) in November:

- 907 KAR 1:585 (Estate Recovery) – filed with LRC on November 14, 2008
- 907 KAR 1:645 (Resource Standards for Medicaid) – filed with LRC on November 14, 2008
- 907 KAR 1:650 (Trust and Transferred Resource Requirements for Medicaid) – filed with LRC on November 14, 2008
- 907 KAR 1:655 (Spousal impoverishment and nursing facility requirements for Medicaid) – filed with LRC on November 14, 2008
- 907 KAR 3:210 and E (Acquired Brain Injury Services Long Term Care Waiver and Reimbursement) – filed with LRC on November 10, 2008

The following regulation is scheduled to be reviewed by ARRS on December 9, 2008:

- 907 KAR 1:835 (Michelle P. Waiver Services and Reimbursement)

To view a copy of the emergency and ordinary regulations, visit the DMS Regulations, Statutes and Incorporated Material page at <http://chfs.ky.gov/dms/Regs.htm>.

### ***New Program to Assist Prescribers in Managing Behavioral Health Drugs***

DMS has started a program to help Kentucky prescribers with appropriate use and management of behavioral drugs, including atypical antipsychotics. A similar program has been implemented in over 20 states with very positive results. The program focuses on giving prescribers information on their patient profiles and prescribing patterns from claims, along with educational information about best practices in utilizing behavioral drugs. The program does not include any additional limitations on allowable drugs or additional prior authorization requirements.